

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
for the Year 1945.

To
The Chairman and Members of the
West Bridgford Urban District Council.

Gentlemen,

I beg to present my Annual Report for the Year 1945.
In accordance with the instructions of the Ministry of Health
it is again abbreviated.

The dearth of houses, with consequent overcrowding, continued to be the principal Public Health problem in the District but at least it was possible to foresee relief by new building. Houses condemned in 1938, and vacated, are occupied and people have been very willing to occupy them. Fortunately the housing of evacuees was a diminishing problem and de-requisitioning of houses taken by the military began. In the meantime the houses-let-in-lodgings evil has been aggravated and it is to be hoped that when the acute shortage of houses has been overcome more will be done to stamp out this nuisance by the conversion of suitable houses into self-contained suites.

"Post-war Reconstruction" continued to engage attention but as the year advanced legislative uncertainties and universal shortages of supplies played havoc with planning. From uncertainty with regard to the areas of local authorities we passed to virtual certainty of changes in the administration of the social services and not until next year will it be possible to comment on these changes. The health functions of the District Authorities tend to pass to the County Councils and even the latter are going to hand over some of their duties to Regional Boards. There is still a possibility of partial compensation for these losses in the establishment of district committees to assist in the administration of each of the social services and it is to be hoped that the value of local knowledge and interest will be recognised in this way.

This District will be less affected by these changes than will those which previously administered the Maternity and Child Welfare and the Education Acts. One cannot regret the transfer of the isolation hospital to the control of a larger authority. The day of the little hospital is over and in any case Joint Hospital Boards arouse little local interest. One looks forward to the day when it will be possible to get the admission of a patient to an isolation hospital without difficulty and as of right instead of as a favour.

No better or more timely example of the present inadequacy could be quoted than the situation which has arisen by the threat of smallpox throughout the Country. Small, inadequate, buildings have been maintained all over the Country for many years to accommodate cases of smallpox. The return of troops from infected areas in the East is a menace to every district and it would be impossible for more than a few Authorities to open their hospitals and staff them.

Co-ordination is the solution, of course, but in practice it is difficult to attain and the possibility of having smallpox in the district, without the means of dealing with it, is a source of constant anxiety. The establishment of Regional Hospital Boards will not create buildings or staff but it will be much easier to arrange for the use of a comparatively small number of hospitals throughout the Country than for the maintenance of the present multiplicity of small and inadequate buildings which often hardly exist except on paper.

A tribute is due to those who have so effectively dealt with the menace of epidemic disease on the Continent of Europe. There was a real danger of the spread of typhus and other fevers but the whole-hearted efforts of the military authorities and U.N.R.R.H.A, coupled with the timely advent of new insecticides and the free use of inoculation, have restricted the diseases to the Countries of their origin and kept these Islands free. It has been a tremendous task which might well have caused despair in those who were in at the liberation and probably few people are aware of the extent of the problem and the remarkable way in which it has been met.

Apart from an epidemic of measles, which started early in the year and continued for five months, infectious disease gave little trouble locally. There was only one case of diphtheria - in a child of four who was said to have been immunised privately.

Last year I mentioned the crying need for Home Helps. The need is as great as ever. It will not be possible until the passage of time has stabilised the outlook of the people, and determined their choice of work, to know whether or not the present dearth of domestic and nursing help is to be permanent. It seems reasonably certain that the employment of women outside their homes is going to be as great as ever and so some solution of the problem of caring for invalids and the aged on communal lines will have to be found. Direction would not be tolerated nor would it generate the spirit of service so necessary in work of this nature. The only amelioration of war-time conditions at present is the greater freedom of the employed woman to obtain leave to care for invalid relatives and it looks as if some such system of employment and release, according to the domestic needs of the moment, were the only solution. Compensation for loss of earnings might make this system workable and the cost to the community would probably be less than that of a service of paid domestic and nursing helps. It would mean, of course, that employers would have to absorb the shock of the intermittent demand in accordance with the rise and fall of the sickness rate.

While insurance against most of the contingencies of life is growing there remains one of public health interest and importance which should be met. At present if a worker is quarantined as a contact of some infectious disease he may or may not be paid, according to the generosity of his employer. The increasing demands on the employer are likely to strain his goodwill and it seems reasonable that compensation should be payable under the National Insurance Scheme.

Few legislative measures affecting the Public Health fail to be recorded but planning foreshadowed the passage of more in 1946 and especially the Act embodying the proposals for a new Health Service. The Water Act had no practical effect on the District nor has the Local Government (Boundary Commission) Act, so far. The Family Allowances Act affects the Public Health indirectly everywhere.

Figures relating to the work of the Sanitary Inspector are withheld until the Ministry of Health call for their production. The Sanitary Inspectors time was very fully occupied and he continued to work under great difficulties, with shortage of labour and supplies. The lifting of the menace from the air did not at once relieve him of the care of evacuees and indeed with diminishing numbers the complexities of the remaining cases increased.

I thank you, Gentlemen, for your courtesy and help in our work together.

I am,

Yours faithfully,

Wm. B. WATSON.

Chairman of Health Committee - Councillor P.A. IZZETT, J.P., C.C.

Public Health Officers.

Medical Officer of Health. W.B. Watson, L.R.C.P., L.R.C.S., D.P.H.

Sanitary Inspector. J. Eckersley, A.R.S.I., R.P.

Engineer & Surveyor, H. Carmichael, M.I.M. & Cy.E., M.R.S.I.
(until Sept. 1945).
R. Dewsberry, M.I.M. & Cy.E., A.M.T.P.I.
(From Sept. 1945).

Statistics.

Area of District	3,501 acres.
Registrar-General's estimate of resident population, mid-1945	21,970
Number of inhabited houses	7,000 approx.
Rateable value, Sept. 1945	£197,794
Product of penny rate per annum.	£811

	Total.	M.	F.
Live births	319	152	167
B irth rate (per 1,000 pop.)	14.5	(Eng. & Wales 16.1)	
Deaths	265	143	122
Death rate (per 1,000 pop.)	12.1	(Eng. & Wales 11.4)	
Death rate of infants under one year of age (per 1,000 live births).	38	(Eng. & Wales 46).	

There were no maternal deaths.

The following table presents for comparison some of the Vital Statistics of the District and of the Country as a whole for the past 15 years.

L I V E B I R T H S.				D E A T H S.			M O R T A L I T Y.	
Year.	Total No.	Rate per 1,000 pop.	Eng. & Wales.	Total No.	Crude Rate per 1,000 pop.	Eng. & Wales.	Rate per 1,000 live births.	Eng. & Wales.
1931	167	9.3	15.8	226	12.6	12.3	48	66
1932	168	9.3	15.3	194	10.7	12.0	41	65
1933	174	9.6	14.4	184	10.1	12.3	40	64
1934	166	9.0	14.8	178	9.7	11.8	6	59
1935	198	10.0	14.7	217	11.0	11.7	50	57
1936	199	9.7	14.8	224	10.9	12.1	50	59
1937	205	9.8	14.9	261	12.4	12.4	34	58
1938	202	9.5	15.1	237	11.2	11.6	54	53
1939	196	9.2	15.0	266	12.4	12.1	15	50
1940	228	10.1	14.6	272	12.1	14.3	35	55
1941	218	9.4	14.2	329	14.3	12.9	62	59
1942	277	12.5	15.8	242	10.9	11.6	11	49
1943	298	13.8	16.5	295	13.2	12.1	44	49
1944	376	17.1	17.6	258	11.7	11.6	40	46
1945	319	14.5	16.1	265	12.1	11.4	38	46

Population. The Registrar-General's estimate is almost the same as that of 1944. The ordinary methods of arriving at an estimate are of little use just now but the Registrar-General has access to figures obtained through emergency measures.

Birth Rate. The high figure of 1944 was not maintained nor was the close approach to the figure for England & Wales. But the rate remains very much higher than it was before the war.

Death Rate. The corrected rates have been omitted from the table because they have not been obtainable during the war. While the number of deaths was not as low as it has been there was no epidemic visitation, or spell of very severe weather, to raise the number unduly.

Ambulance Service. The Council have two permanent ambulances and one temporary vehicle, taken over on the disbandment of the Civil Defence Service. On the termination of hostilities the Council took over the Civil Defence Ambulance personnel, who continued to run the ambulances very much on the same lines as they had done during the latter part of the war. It seems likely that reversion to peace-time practice will gradually take place. With the availability of private cars the number of journeys made by the ambulances has decreased, especially for "treatment cases". The Council make no charge for the use of an ambulance for accidents and illnesses occurring within their District, or for journeys for treatment up to twelve in number. During the year promise to help in the area of the Bingham Rural District Council, if required, was made. The calls to that area were very infrequent.

Water. The supply (from the Nottingham Corporation) has been satisfactory in quantity and quality. No samples are taken by this Council. There are only two or three outlying houses without a piped supply. One of these has a camping ground attached and chlorination of the water from a bore-hole is carried out.

Drainage. Flooding of land at Wilford continued to cause concern to both the Local Authority and the unfortunate residents. The solution of the problem continued to engage the attention of the various Authorities throughout the year and, although it did not happen until 1946, it should be recorded that the comparatively restricted area previously involved became greatly enlarged by the sudden rise and overflow of the river Trent in February. The recession of the floods left the original area worse than ever, and a great deal of pumping had to be done to clear the ground. If any stimulus was needed to try to find a solution of the problem this catastrophe provided it, and all concerned have continued their efforts to deal with the menace. The localised area affected by mining subsidence must first be dealt with, leaving the general problem of direct flooding from the river for a long term policy.

Rats. The Council employ a full-time rat catcher. The menace is ever present in spite of efforts to eliminate some of the breeding grounds. Indeed nothing short of a nation-wide intensive campaign would reduce the numbers to an appreciable extent. Thereafter preventive and punitive measures would still be required on a considerable scale, for rats would still be liable to turn up as undesirable aliens. As I have stressed before, the efforts of everyone to eliminate breeding-places and prevent rats reaching food are of paramount importance. Too often a call for the rat-catcher is the sum total of the occupier's effort.

Scabies and Vermin. Scabies is not a problem locally and when the establishment of a cleansing centre becomes a practical proposition the matter will have to be re-considered in the light of the incidence figures at that time. Only three notifications were received during the year.

Housing. Overcrowding is the chief housing evil, there being few, if any, houses in the District (other than those already condemned but not demolished) not fit for habitation.

Only two permanent houses were completed during 1945 but one hopes for good figures in 1946 and 1947. Meantime the Sanitary Inspector does all he can to ameliorate the conditions in which some unfortunate people have to live.

A reference has been made earlier in this report to the houses-let-in-lodgings evil. Another feature requiring remark is the aggravation of the disrepair which occurred during the war. The succeeding scarcity and high cost of labour and materials are prolonging the evil, with results which must be permanent. When one considers that houses are a national asset of the first importance the imperative need to keep existing houses in a state of repair should be remembered by everyone concerned.

Milk. Regular sampling for bacteriological examination is carried out. The reports have been good, for both pasteurised and raw milk. But the public will not be satisfied so long as they are denied the right to express their preference by changing their milkman. This is a factor in the encouragement of a high standard of quality which is likely to have a diminishing chance to operate as bulking increases. Regrets must be qualified by the fact that the evidence - a good cream line and good keeping qualities - by which the public judge the quality of milk does not embrace all the attributes which concern the Public Health Authorities. Some of our most attractive milk in the past has been tuberculous and if that danger can be eliminated - in other words if milk can be made safe to drink - the standardising of its appearance can be accepted with equanimity. There is one pasteurising plant in the District and it is operated satisfactorily.

Infectious Disease. The following table shows the incidence, etc, of the notifiable diseases during the year.

Disease.	Notifications.	Isolated in Hospital.	Deaths.
Scarlet Fever	43	11	-
Diphtheria	1	1	-
Measles	211	-	-
Whooping Cough	13	-	1
Erysipelas	2	-	-
Pneumonia	7	-	12 X
Ophthalmia Neonatorum	1	-	-
Dysentery	2	-	-
Puerperal Pyrexia	1	-	-
Totals	281	12	13

X Unrelated to the notifications.

Scarlet Fever continued to be mild in most cases but an outbreak centred on the Secondary School had features of interest, the chief of which was its infectivity. Twenty five notifications were received during a period of six weeks, although one or two had no apparent connection with the main outbreak. The high infectivity showed itself, not only by spread in school, but by the occurrence of four secondary cases in households, in two cases the mothers, and in one the father, contracting the disease. If such an infectious strain were to be met with commonly one would have to revise one's opinion about the diminishing need for hospital isolation. In these four instances the original patient was being nursed at home.

The mortality from measles is only a fraction of what it was fifty years ago, not so much because of any alteration in the severity of the disease (it still requires to be treated with respect) but because of the improvement in the nutrition and general health of the children, along with a higher standard of home care and nursing.

The number of cases of scarlet fever was about average. Diphtheria reached the lowest figure in my records of the past nine years and with preventive measures prevailing as they do one hopes that the figure will remain low.

Admission to hospital is easier now than it was but there is always uncertainty about the success of any application and for diseases other than scarlet fever and diphtheria one has to seek the goodwill of neighbouring Authorities. Shortage of nurses is the usual cause of failure now and the position seems to get worse.

Diphtheria Prophylaxis. The keenness of parents to have their children immunised continues, and the practice seems well established. Undoubtedly, however, propaganda will be increasingly required to induce people to seek protection from a disease, the occurrence of which they have a diminishing chance of experiencing. Unlike smallpox, the germ of the disease is ever present in our midst and protective measures must be kept up.

Probably about 65% of the children between 12 months and 15 years have been immunised. An exact figure is difficult to arrive at because an unknown, but considerable, number are immunised privately. The returns made to the County Medical Officer by the County Health Visitors and School Nurses, who know better than anyone the state of affairs, fully supports this estimate.

Children immunised in infancy can now have their immunity reinforced at five years of age and about two-thirds of these are brought forward for the purpose.

The responsibility for the immunisation of children under five now rests with the Welfare Authority (the County Council in this area) but the actual work is still carried out by the Urban District Council on their behalf.

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